DOCUMENT RESUME

ED 285 104 CG 020 147

AUTHOR King, Richard B.
TITLE Clackamas Adolescent Sexual Offender Intervention.
PUB DATE 24 Apr 87
NOTE 51p.; Paper presented at the Annual Convention of the American Association for Counseling and Development (New Orleans, LA, April 21-25, 1987).
PUB TYPE Speeches/Conference Papers (150) -- Reference Materials - Vocabularies/Classifications/Dictionaries (134)

EDRS PRICE MF01/PC03 Plus Postage.
DESCRIPTORS *Adolescents; *Correctional Rehabilitation; *Definitions; Delinquency; *Delinquent Rehabilitation; Evaluation Criteria; High Risk Persons; Intervention; Personality Assessment; Recidivism; *Sexual Abuse

ABSTRACT

The Clackamas Adolescent Sexual Offender Intervention program is designed to interrupt and change behavior of clients who are juvenile sexual offenders at risk to re-offend. Intervention is scheduled for each offender over a 52-week period with groups meeting each week for 2 hours, and an all day session each 6-week period on Saturday. The adolescent sexual offender cycles through 10 systematic modules that are structured in 4- to 5-week sections. Modules include: (1) Orientation; (2) Deviant Thinking; (3) Victim Personalization; (4) Sexuality Education; (5) Offender Responsibility; (6) Social Skills; (7) Values Exploration and Clarification; (8) Fantasy Exploration; (9) Anxiety/Stress Management; and (10) Drug/Alcohol Abuse Management. Intervention is geared toward helping the juvenile offender with the following characteristics: poor social skills; low self-esteem; sexual behavior effected through manipulation, enticement, entrapment, or force; adolescent and parent/guardian/family denial, minimization, and rationalization; lack of responsibility for the offense; and lack of sexual knowledge and experience. This report describes the program; explains the referral process, evaluation methods, and assessment instruments; lists program goals and approaches; briefly describes each of the 10 modules; and gives graduation objectives. A 29-page list of definitions is included; program forms are appended. (Author/NB)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED285104

C.A.S.O.I.

Clackamas Adolescent Sexual Offender Intervention

Richard B. King

Clackamas County, Oregon

April 24, 1987

CG020147

Presented at the Annual Convention of the

American Association of Counseling and Development

New Orleans, LA.

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☑ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Richard B. King

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

BEST COPY AVAILABLE

STAFF MEMBERS

Richard King. . . . . .Director, Counselor

Mary Lansing. . . . . .Assistant Director, Therapist

Rene Launstein. . . . . .Counselor

Ray Maier . . . . . .Counselor

Cindy Von Weller. . . . . .Counselor, Practicum Student

TABLE OF CONTENTS

	PAGE
Title	1
Staff	2
Table of Contents	3
Abstract	4
Definitions	5
Criteria	34
Definition	34
Intervention	34
Rationale	34
Referral	35
Risk	35
Entry Evaluation	35
Personality Assessment	36
Assessment Instruments	37
Intervention	38
Goals	38
Strategy	38
Approaches	38
Structure	40
Modules	40
Family Intervention	41
Graduate Objectives	41
References	43
Appendix A - Risk Assessment	45
Appendix B - Intervention Prognosis	49
Appendix C - Acknowledgement of Non-Confidentiality and Waiver	50

ABSTRACT

The extensive definitions allow the reader a better grasp of the meaning of terms associated with the subject. The Clackamas Adolescent Sexual Offender Intervention program is designed to interrupt and change behavior of clients who are juvenile sexual offenders at risk to re-offend. Intervention is scheduled for each offender over a 52 week period with group(s) meeting each week for two hours, and an all day session each 6 week period on Saturday. The adolescent sexual offender cycles through ten systematic modules that are structured in 4 to 5 week sections. Modules are: (1) Orientation, (2) Deviant Thinking, (3) Victim Personalization, (4) Sexuality Education, (5) Offender Responsibility, (6) Social Skills, (7) Values Exploration and Clarification, (8) Fantasy Exploration, (9) Anxiety/Stress Management, and (10) Drug/ Alcohol Abuse Management. Intervention is geared towards helping the juvenile offender with the following characteristics: poor social skills; low self-esteem; sexual behavior effected through manipulation, enticement, entrapment or force; adolescent and parent(s)/guardian(s)/family denial, minimization and rationalization; lack of responsibility for the offense; lack of sexual knowledge and experience; experimental/curiosity isolated, exploratory, situational, motivated and/or pre-planned; admits to one or more multiple offenses.

DEFINITIONS

adolescent - one who is in the period of growth between childhood and maturity

age effects - consequences of being a given chronological age; compare with cohort effects

alcoholism - behavioral disorder in which comsumption of alcoholic beverages is continuous and excessive and impairs health and social and occupational functioning; a physiological dependence on alcohol

ambivalence - simultaneous holding of strong positive and negative emotional attitudes toward the same situation or person

antisocial personality - also called a psychopath or a sociopath, this person is superficially charming and a habitual liar, has no regard for others, shows no remorse after hurting them, has no shame for behaving in an outrageiously objectional manner, is unable to form relationships and take responsibility, and does not learn from punishment

anxiety - unpleasant feeling of fear and apprehension accompanied by increased physiological arousal. In learning theory considered a drive which mediates between a threatening situation and avoidance behavior; anxiety can be assessed by self-report, be measuring physiological arousal, and be observing overt behavior

arousal - state of activation, either behavioral or physiological

ascriptive responsibility - social judgment assigned to someone who has committed an illegal act and who, it is decided, should be punished for it

assertion training - behavior therapy prodedures which attempt to help a person express more easily thoughts, wishes, and beliefs and legitimate feelings of resentment or approval

attention - maintenance of a readiness to respond; or focusing on relevant information

attribution - the explanation a person has for his/her behavior

aversion technique - behavior therapy procedure which pairs a noxious stimulus, such as a shock, with situations that are undesirably attractive

aversive stimulus - stimulus that elicits pain, fear or avoidance

avoidance learning - experimental procedure in which a neutral stimulus is paired with a noxious one so that the organism learns to avoid the previously neutral stimulus

baseline - state of a phenomenon before the independent variable is introduced, providing a standard against which the effects of the variable can be measured

behavior modification - term sometimes used interchangeably with behavior therapy

behavior rehearsal - behavior therapy technique in which a client practices new behavior in the consulting room, often aided by demonstrations of the therapist

Behavior therapy - branch of psychotherapy narrowly conceived as the application of classical and operant conditioning to the alteration of clinical problems, but more broadly conceived as applied experimental psychology

behavioral assessment - sampling of ongoing condition, feelings, and overt behavior in their situational context, to be contrasted with the projective test and personality inventory

biofeedback - term referring to procedures that provide an individual immediate information of even minute changes in muscle activity, skin temperature, heart rate, book pressure, and other somatic functions; it is assumed that voluntary control over these bodily processes can be achieved through this knowledge, thereby ameliorating to some extent certain psychophysiological disorders

biophysical system - as applied by Masters and Johnson, the part of the sexual response system that includes the genitalia and hormones

bisexual - one who engages in both heterosexual and homosexual relations

CASOI - Clackamas Adolescent Sexual Offender Intervention

castration - surgical removal of the testes or ovaries

castration anxiety - fear of having the genital removed or injured

chaotic - unformed; completely disordered

chronic - of lengthy duration or recurring frequently, often with progressing frequency

classical conditioning - basic form of learning, sometimes referred to as Pavlovian conditioning, in which a neutral stimulus is repeatedly paired with another stimulus (called the unconditioned stimulus, UCS) that naturally elicits a certain desired response (UCS); after repeated trials the neutral stimulus becomes a conditioned stimulus (CS) and evokes the same or similar response, called now the conditioned response (CR)

classificatory variables - characteristics which subjects bring with them into scientific investigations, such as sex, age, and mental status; studied by correlational research and mixed designs

Client-centered therapy - humanistic-existential insight therapy, developed by Carl Rogers, which emphasizes the importance of the therapist's understanding the client's subjective experiences and assisting him or her to gain more awareness of the current motivations for behavior; the goal is not only to reduce anxieties but also to foster actualization of the client's potential

clinical psychology - special area of psychology concerned with the study of psychopathology, its causes, prevention and treatment

clitoris - small heavily innervated erectile structure located above the vaginal opening; primary site of female responsiveness to sexual stimulation

cognition - process of knowing; the thinking, judging, reasoning, planning activites of the human mind; behavior is now often explained as depending on the course these symbolic processes take

cognitive restructuring - any behavior therapy procedure which attempts to alter the manner in which clients think about life so that they change their overt behavior and emotions

cohort effects - consequences of having been born in a given year and having grown up during a particular time period with its own unique pressures, problems, challenges, opportunities; to be distinguished from age effects

coitus - sexual intercourse

community mental health - delivery of services to needy, underserved groups through centers that offer outpatient therapy, short-term inpatient care, day hospitalization, twenty-four-hour emergency services, and consultation and education to other community agencies such as the police

community psychology - an approach to therapy which emphasizes prevention and the seeking out of potential difficulties rather than waiting for troubled individuals to initiate consultation; the location for professional activities tends to be in the persons' natural surroundings rather than in the therapist's office

competency to stand trial - legal decision whether a person can participate meaningfully in his or her own defense

compulsion - irresistible impulse to repeat an irrational act over and over again

compulsive - compelling

concrete reasoning - a pattern of thinking in which abstractions and generalizations cannot be made and terms and details of conversation are interpreted literally

conditioned response (CR) - response elicited by a given neutral stimulus (CS), after it has become conditioned by repeated contingent pairings with another stimulus (UCS) that naturally elicits this same or similar response

conditioned stimulus (CS) - a neutral stimulus which, after repeated contingent parlings with another stimulus (UCS) that naturally elicits a certain response (UCR), come to elicit the same or a similar response, called the conditioned response (CR)

confidentiality - a principle observed by lawyers, doctors, and pastors, by psychologists and psychiatrists that the goings-on in a professional and confidential relationship are not divulged to anyone else

conflict - a state of being torn between competing forces

confounds - variables whose effects are so intermixed that they cannot be measured separately, making the design of the experiement internally invalid and its results impossible to interpret

contingency - a close relationship, especially of a causal nature, between two events, one of which regularly follows the other

control group- subjects in an experiment for whom the independent variable is not manipulated, thus forming a baseline against which the effects of the manipulation can be evaluated

coprophilia - having an attraction to feces as a sexual object

correlational method - research strategy used to establish whether two or more variables are related; such relationships may be positive--as values for one variable increase, those for the other do also; or negative-as values for one variable increase, those for the other decrease

counterconditioning - relearning achieved by eliciting a new response in the presence of a particular stimulus

countertransference - feelings which the analyst unconsciously directs to the analysand but which come from his or her own emotional vulnerabilities and unresolved conflicts

covert sensitization - a form of aversion therapy in which the subject is told to imagine the undesirably attactive situations and activities at the same time that unpleasant feelings are also induced by imagery

criminal commitment - procedure whereby a person is confined in a mental institution either for determination of competency to stand trial or after acquittal by reason of insanity

cunnilingus - oral stimulation of female genitalia

demographic variable - varying characteristic which is a vital or social statistic of an individual, sample group, or population, for example, age, sex socioeconomic status, racial origin, education and the like

dependent personality - laking in self-confidence, people with a dependent personality passively allow other to run their lives and make do demands on them, lest they endanger these protective relationships

dependent variable - in a psychological experiment, the behavior that is measured and is expected to change with manipulation of the independent variable

depression - emotional state marked by great sadness and apprehension, feelings of worthlessness and guilt; withdrawal from others, loss of sleep, appetite, and sexual desire, or interest and pleasure in usual activities; and either lethargy or agitation; called major depression in DSM-III and by others unipolar depression, it can be an associated symptom of other disorders

derealization- loss of the sense that the surroundings are real; present in several psychological disorders, such as panic disorder, depersonalization disorder, and schizophrenia

descriptive responsibility - in legal proceedings, the judgement that the accused performed an illegal act; contrast with ascriptive responsibility

detumescence - flow of blood out of the genital area

deviant - turning away from an accepted norm

diagnosis - the determination that the set of symptoms or problems of a patient indicate a particular disorder

disease - the medical concept that distinguishes an impairment of the normal state of the organism by its particular group of symptoms and its specific cause

disorientation - a state of mental confusion with respect to time, place, and identity of self, other persons, and objects

displacement - a defense mechanism whereby an emotional response is unconsciously redirected from a perhaps dangerous object or concept to a substitute less threatening to the ego

dissociation - a process whereby a group of mental processes is split off from the mainstream of consciouness, or behavior loses its relationship with the rest of the personality

dopamine - a catecholamine which is both a precursor of norepinephrine and itself a neuotransmitter of the central nervous system; disturbances in certain of its tracts apparently figure in schizophrenia and Parkinson's disease

double bind - an interpersonal situation in which an individual is confronted, over long periods of time, by mutually inconsistent messages to which he or she must respond; believed by some theorists to cause schizophrenia

drive - a construct explaining he motivation of behavior; or an internal physiological tension impelling an organism to activity

drug addiction - physiological reliance on a drug developed through continual use; characterized by tolerance and withdrawal symptoms

drug dependence - habitual use of a drug out of psychological but not physiological need; contrast with drug addtion

Durham decision - a 1954 American court ruling that an accused person is not ascriptively responsible if his or her crime is judged attributable to mental disease or defect

dysfunction - impairment or disturbance in the functioning of an organ, organ system, behavior or cognition

dyspareunia - painful or difficult sexual intercourse, the pain or difficulty usually being caused by infection or a physical injury such as torn ligaments in the pelvic region

eclecticism - in psychology, the view that more is to be gained by employing concepts from various theoretical systems than by restricting oneself to a single theory

ejaculate - to expel semen, typically during male orgasm

elective mutism - pattern of continuously refusing to speak in almost all social situations, including school, even though the child understands spoken language and is able to speak

empathy - awareness and understinding of another's feelings and thoughts

empirical - relying on experience or observation alone, often without due regard for system and theory

empty-chair technique - Gestalt therapy procedure for helping the client become more aware of denied feelings; the client talks to important people or to feelings as though they were present and seated in a nearby chair

endogenous - attributable to internal causes

enmeshed - ensnared or entangled in or as in a net

environmental psychology - a recent community-oriented psychology which assumes that people's feelings and behavior are importantly a function of their physical setting

erogenous - capable of giving sexual pleasure when stimulated

etiology - all the factors that contribute to the development of an illness or disorder

excitement phase - as applied by Masters and Johnson, the first stage of sexual arousal which is initiated by any appropriate stimulus

exhibitionism - marked preference for obtaining sexual gratification by exposing one's genitals to an unwilling observer

exogenous - attributable to external causes

exogenous depression - profound sadness assumed to be caused by an environmental event

exorcism - casting out of evil spirits by ritualistic chanting or torture

experiment - the most powerful research technique for determining causal relationships, requiring the manipulation of an independent variable, the measurement of a dependent variable, and the random assignment of subjects to the several different conditions being inventigated

extinction - elimination of a classically conditioned response by the omission of the unconditioned stimulus; in operant conditioning, the elimination of the conditioned response

family interaction method - a procedure for studying family behavior by observing their interaction in a structured laboratory situation

family method - research strategy in behavior genetics in which the frequency of the trait or of abnormal behavior is determined in relatives who have barying percentages of shared genetic background

family therapy - a form of group therapy in which members of a family are helped to relate better to one another

fantasy - the freeplay of creative imagination, or thoughts usually concealed

fear-drive - in the Mowrer-Miller theory, a response to a threatening or noxious situation which is covert and unobservable but which is assumed to function as a stimulus to produce measurable physiological changes in the body and observable overt behavior

fellation - oral stimulation of the penis

fetishism - reliance on an inanimate object or a part of the body for sexual arousal

fixation - in psychoanalytic theory, the arrest of psychosexual development at a particular stage through too much or too little gratification at the stage

flat affect - a deviation in emotional response wherin virtually no emotion is expressed whatever the stimuli, or emotional expressiveness

flight of ideas - rapid shift from one subject to another in conversation, with only superficial associative connections; a symptom of mania

flooding technique - a behavior therapy procedure in which a fearful person exposes himself or herself to what is frightening, in reality or in the imagination, for extended periods of time and without opportunity for escape

follow-up study - a research procedure whereby individuals observed in an earlier investigation are contacted at a later time

frotteurism - act(s) of rubbing or massaging of genital areas especially in crowds

gay - a colloquial term for a homosexual; now often adopted by homosexuals who have openly announced their sexual orientation

gender identity - the deeply ingrained sense a person has of being either a man or woman

genital stage - in psychoanalytic theory, the final psychosexual stage reached in adulthood, in which heterosexual interests predominate

Gestalt therapy - a humanistic therapy, developed by Fritz Perls, which encourages clients to satisfy emerging needs so that their innate goodness can be expressed, to increase their awareness of unacknowledged feelings, and to reclaim parts of the personality that have been denied or disowned

going in drag - dressing in female attire, usually with extensive makeup, by a male homosexual

grandiosity - an inflated appraisal of one' worth, power, knowledge, importance, or identity

group therapy - method of treating psychological disorders whereby several persons are seen simultaneously by a single therapist

habituation - in physiology, a process whereby an organism's response to the same stimulus temporarily lessens with repeated presentations

hallucination - a perception in any sensory modality with relevant and adequate external stimuli

hallucinogen - a drug or chemical whose effects include hallucinations; hallucinogenic drugs such as LSD, psilocybin, and mescaline are often called psychedelic

hashish - dried resin of the Cannabin plant, stronger in its effects than the dried leaves and stems which constitute marijuana

helplessness - a construct referring to the sense of having no control over important events; considered by many theorists to play a central role in anxiety and depression

hermaphrodite- a person with parts of both male and female genitalia

heroin - an extremely addictive narcotic drug derived from morphine

heterosexual - one who desires or engages in sexual relations with members of the opposite sex

histrionic personality - this person is overly dramatic and given to emotional excess, impatient with minor annoyances, immature, dependent on other, and often sexually seductive, without taking responsibility for flirtations; formerly called hysterical personality

homophobia - fear of homosexuality

homosexuality- sexual desire or activity directed toward a member of one's own sex

Humanistic-existential therapy - insight psychotherapy which emphasizes the individual's subjective experience, free will, and ever-present ability to decide on a new life course

hypnosis - a trancelike state or behavior resembling sleep, characterized primarily by increased suggestibility and induced by suggestion

Ideas of reference -delusional thinking which reads personal significance into seemingly trivial remarks and activities of others and completely unrelated events

illusion - a misperception of a real external stimulus, such as hearing the slapping of waves as footsteps

implosion technique - a behavior therapy technique for reducing neurotic fears; the client is encouraged to imagine himself in the most frightening of situations and to visualize bizarre images, the assumption being that adult fears are traceable to psychodynamic themes of sex and aggression which must be confronted

impotence - primary: the physical or psychological condition of a male who has never had an erection sufficient for either heterosexual or homosexual intercourse
secondary: inability of the male to have an erection sufficient for intercourse, although he has a history of at least one successful intromission

Imprinting - irreversible acquisition of behavior by a neonate of a social species during a critical period of development; the neonate is attacted to and mimics the first moving object seen, thereby acquiring specific patterns of behavior

Incarcerate - imprison

Incest - sexual relations between close relatives for whom marriage is forbidden, most often between daughter and father or between brother and sister

Incidence - in community studies of a particular disorder, the rate at which new cases occur in a given place at a given time; compare with prevalence

Informed consent - agreement of a person to serve as a research subject or to enter therapy after being told the possible outcomes, both benefits and risks

Inhibited female orgasm - recurrent and persistend delay or absence of orgasm in a woman during sexual activity adequate in focus, intensity, and duration; in many instances the woman may experience considerable sexual excitement nonetheless

Inhibited male orgasm - recurrent and persistent delay or absence of ejaculation after an adequate phase of sexual excitement

Inhibited sexual desire - sexual interest which is less than the individual, the partner, or both regard as suitable

Inhibited sexual excitement - recurrent and persistent lack of sexual excitement during sexual activity

Insight technique - general term for any psychotherapy which attempts to impart to a patient greater awareness of what motivates his or her behavior, the assumption being that disordered behavior is caused by repression or other unconscious conflicts

Intelligence quotient (IQ) - technically now a deviation IQ, indicating how far an individual's raw score on an intelligence test falls away from the average raw score of his or her chronological age group

Intelligence test - standardized means of assessing a person's current mental abilities, for example, the Stanford-Binet test and the Wechsler Adult Intelligence Scale

interpretation - in psychoanalysis, a key procedure in which the analyst points out to the analysand where resistances exist and what certain dreams and verbalizations reveal about impulses repressed in the unconscious; more generally, any statement by a therapist that constures the client's problem in a new way

intervention - the act of coming between; interference with the acts of others

introjection - in psychoanalytic theory, the unconscious incorporation of the values, attitudes, and qualities of another person into the individual's own ego structure

intromission - insertion of penis into vagina or anus

introversion-extroversion - in Eysenck's theory of personality, a dimension referring for the most part to conditionability; extroverts are said to acquire conditioned responses slowly and lose them rapidly; the reverse is true of introverts

irrational beliefs - self-defeating assumptions which are assumed by rational-emotive therapists to underlie psychological distress

irresistible impulse - term used in an 1834 Ohio court ruling on criminal responsibility in which it was decided that an insanity defense can be established by proving that the accused had an uncontrollable urge to perform the act

klismaphilia - having an attraction to enema as a sexual object

labile - easily moved or changed; quickly shifting from one emotion to another or easily aroused

learned helplessness - an individual's passivity and sense of being unable to act and to control his or her life, acquired through unpleasant experiences and traumas in which efforts made were ineffective; according to Martin Seligman, brings on depression

learning disabilities - problems in mastering reading, arithmetic, or speech that are not caused by mental retardation, impairment of visual or auditory functions, other psychological disorders, or cultural disadvantage

learning paradigm - as applied in abnormal psychology, a set of assumptions that abnormal behavior is learned in the same way as other human behavior

least restrictive alternative - legal principle according to which a committed mental patient must be treated in a setting that imposes as few restrictions as possible on his or her freedom

lesbian - female homosexual

limbic system- lower parts of the cerebrum made up of primitive cortex; controls visceral and bodily changes associated with emotion and regulates drive-motivated behavior

Logotherapy - existential psychotherapy developed by Viktor Frankl, aimed at helping the demoralized client restore meaning to life by placing his or her suffering in a larger spiritual and philosophical context; the individual assumes responsibility for his or her existence and for pursuing the values inherent in life

long-term memory - material stored in memory longer ago than a few minutes

LSD (d-lysergic acid diethylamide) - a drug synthesized in 1938 and discovered to be a hallucinogen in 1943; derived from lysergic acid, the principal constituent of the alkaloids of ergot, a grain fungus which in earlier centuries brought on epidemics of spasmodic ergotism, a nervous disorder sometimes marked by psychotic symptoms

magical thinking - conviction of the individual that his or her thoughts, words, and actions may in some manner cause or prevent outcomes in a way that defied the normal laws of cause and effect

mainstreaming- policy of placing handicapped children in regular classrooms; special classes are provided them as needed, but they share as much as possible in the opportunities and ambience afforded normal youngsters

malingering - faking a physical or psychological incapacity in order to avoid a responsibility or gain an end; the goal is readily recognized from the individual's circumstances; to be distinguished from conversion disorder, in which the incapacity is assumed to be beyond voluntary control

mania - emotional state of intense but unfounded elation evidenced in talkativeness, flight of ideas and distractibility, in gradiose plans and spurts of purposeless activity

marathon group - a group session run continuously for a day or even longer, typically for sensitivity training, the assumption being that defenses can be worn down by the physical and psychological fatigue generated through intensive and continuous group interaction

marijuana - a psychedelic drug derived form the dried and ground leaves and stems of the female hemp plant

Marital therapy - any professional intervention which treats relationship problems of a couple

masochism - marked preference for obtaining or increasing gratification through subjection to pain

masturbation - self-stimulation of the genitals, commonly resulting in orgasm

mediation theory - in psychology, the general view that certian stimuli do not directly initiate an overt response but activate an intervening process, which in turn initiates the response; an explanation of thinking, drives, emotions, and beliefs in terms of stimulus and response

mediator - in psychology, an inferred state intervening between the observable stimulus and response, being activated by the stimulus and in turn initiating the response; in more general terms, a thought, drive, emotion, or belief

melancholia - vernacular diagnosis of several millenniums' standing for profound sadness and depression; in major depression with melancholia the individual is unable to feel better even momentarily when something good happens, regularly feels worse in the morning and awakens early, and suffers a deepening of other symptoms of depression

mental age - numerical index of an individual's cognitive development determined by standardized intelligence tests

mental retardation - subnormal intellectual functioning associated with impairment in social adjustment and beginning before age eighteen, usually long before

mescaline - an hallucinogen and alkaloid which is the active ingredient of peyote

methadone - a synthetic addictive narcotic for treating heroin addicts; acts as a substitute for heroin by eliminating its effects and the craving for it

methedrine - a very strong amphetamine, sometimes shot directly into the veins

mild mental retardation - a limitation in mental development measured on IQ tests at between 50 and 70; children with such a limitation are considered the educable mentally retarded and are placed in special classes

Milieu therapy - treatment procedure which attempts to make the total environment and all personnel and patients of the hospital a therapeutic community, conducive to psychological imrpovement; the staff conveys to the patients the expectation that they can and will behave more normally and responsibly

Minnesota Multiphasic Personality Inventory (MMPI) - a lengthy personality inventory by which an individual is diagnosed through his true-false replies to groups of statements indicating anxiety, depression, masculinity-femininity, and paranoia

minor tranquilizer - a drug which reduces moderate to low levels of anxiety; most often used with anxiety disorders

mirroring - a psychodrama technique in which an individual see himself portrayed by another person, thereby acquiring a better idea of how he is viewed by others

model - a set of concepts from one domain applied to another by analogy; for example, in trying to understand the brain we may assume that it functions like a computer

modeling - learning by observing and imitating the behavior of others

moderate mental retardation - a limitation in mental development measured on IQ tests at between 35 and 49; children with this degree of retardation are often institutionalized, and their training is focused on self-care rather than development of intellectual skills

moral anxiety - in psychoanalytic theory, the ego's fear of punishment or failure to adhere to the superego's standards of proper conduct

moral treatment - a therapeutic regimen, introduced by Phillippe Pinel during the French Revolution, whereby mental patients were released from their restraints and were treated with compassion and dignity rather than with contempt and denigration

morphine - an addictive narcotic alkaloid extracted from opium; used primarily as an analgesic and as a sedative

multifactional - referring to the operation of several variables influencing in complex fashion the development or maintenance of a phenomenon

Multimodal therapy - therapy introduced by Arnold Lazarus to encompass the seven modalities in which a client may experience difficulties-behavior, affect, sensation, imagery, cognition, interpersonal relations, and drugs--and to treat them through a variety of techniques drawn from different schools of therapy

multiple-baseline design - an experimental design in which two behaviors of a single subject are selected for study and a treatment is applied to one of them; the behavior that is not treated serves as a baseline against which the effects of the treatment can be determined; common design if operant research

multiple personality - very rare dissociative disorder in which two or more fairly distinct and separate personalities are present within the same individual, each of them with its own memories, relationships, and behavior patterns and only one of them dominant at any given time

mysophilia - having an attraction to filth as a sexual object

narcissistic personality - extremely selfish and self-centered, people with a narcissistic personality have a grandiose view of their uniqueness, achievements, and talents and an insatiable craving for admiration and approval from others; they are exploitative to achieve their own goals and expect much more from others than they themselves are willing to give

narcotic - one of the addictive sedative drugs, for example, morphine and heroin; in moderate doses relieves pain and induces sleep

necrophilia - having an attraction to corpse(s) as a sexual object(s)

negativism - a tendency to behave in a manner opposite to the desires of others or to what is expected or requested

neurosis - one of a large group of nonpsychotic disorders characterized by unrealistic anxiety and other associated problems, for example, phobic avoidances, obsessions, and compulsions

neurotic anxiety - in psychoanalytic theory, fear of the consequences of expressing previously punished and repressed id impulses; more generally, unrealistic fear

neuroticism - a dimension referring to the ease with which people can become autonomically aroused

nicotine - principle alkaloid of tobacco and its addicting agent

nomothetic - relating to the abstract, recurrent, universal, to the formulation of general laws that explain a range of phenomena

nomenclature - a system or set of names or designations used in a particular discipline

obesity - excessive fatness; morbid corpulency

object choice - in the psychology of sex, the type of person or thing selected as a focus for sexual activity

observer drift - the tendency of two raters of behavior to begin to agree with each other, achieving unusually high levels of reliability; their way of coding behavior differentiates their scores from those of another pair of raters; regarded as a threat to reliable and valid behavior assessment

obsession - intrusive and recurring thought which seems irrational and uncontrollable to the person experiencing it

obsessive-compulsive disorder - an anxiety disorder in which the mind is flooded with persistent and uncontrollable thoughts or the individual is compelled to repeat certain acts again and again, causing significant distress and interference of everyday functioning

occupational drinking - considerable consumption of alcohol which is associated with particular vocations, very often on the job, such as uncommonly heavy drinking of bartenders

Oedipus complex - in Freudian theory, the desire and conflict of the four-year-old male child who wants to possess his mother sexually and to eliminate the father rival; the threat of punishment from the father makes the boy repress these id impulses; girls have a similar sexual desire for the father, which is repressed in analogous fashion and is called the Electra complex

operant behavior - a response which is supposedly voluntary and operates on the environment, modifying it so that a reward or goal is attained

operant conditioning - the acquisition or elimination of a response as a function of the environmental contingencies of reward and punishment

operational definition - a definition of a theoretical concept which equates it with a set of observable operations that can be measured

operationism - a school of thought in science which holds that a given concept must be defined in terms of a single set of identifiable and repeatable operations that can be measured

opium - the dried milky juice obtained from the immature fruit of the opium poppy; this addictive narcotic produces euphoria and drowsiness and reduces pain

organismic variable - physiological or psychological factor assumed to be operating "under the skin"; these variables are one of the foci of behavioral assessment

orgasm (climax) - involuntary, intensely pleasurable, climactic phase in sexual arousal, lasting a number of seconds and usually involving muscular contractions and ejaculation in the male and similar contractions in the genitalia of the female; (immoderate or extreme excitement or behavior)

orgasmic reorientation - a behavior therapy technique for altering classes of stimuli to which people are sexually attracted; individuals are confronted by a conventionally arousing stimulus while experiencing orgasm for another, undesireable reason

overcontrolled - in reference to childhood disorder, problems which create distress for the child, such as anxiety and social withdrawal

paralinguistic - relating to audible components of speech, such as tone of voice, which communicate meaning beyond the content of the words spoken

paranoia - general term for delusions of persecution, gradiosity, or both; found in several pathological condition, paranoid disorders, paranoid schizophrenia, and paranoid personality disorder; can be produced as well by larges doses of certain drugs, such as cocaine and alcohol

paraphilias - sexual attractions to unusual objects and sexual activities unusual in nature

paraphiliac(s) - person(s) who prefer unusual objects and sexual activities unusual in nature; fetishism, frotteurism (rubbing); klismaphilia (enema); mysophilia (filth); necrophilia (corpse); pedophilia; sexual masochism; sexual sadism; telephone scatologia (lewdness); transvestism; urophilia (urine); voyeurism; and zoophilia

paraprofessional - in clinical psychology, an individual lacking a doctoral degree but trained to perform certain functions usually reserved for clinicians, for example, a college student trained and supervised by a behavior therapist to shape the behavior of autistic children through contingent reinforcers

passive-aggressive personality - people with a passive-aggressive personality indirectly resist the demands of others by such exasperating behavior as being late, missing appointments, not answering calls, and making foolish mistakes; their dawdling is considered a hostile way to control others without assuming responsibility for their own anger

pathology - the anatomical, physiological, and psychological deviations of a disease or disorder; and the study of these abnormalities

pedophilia - preference for obtaining sexual gratification through contact with youngsters defined legally as underage

penile plethysmograph - device for recording changes in penile size and thus for detecting blood flow and erection

penis - male organ of copulation

peyote - a hallucinogen obtained form the root of the peyote cactus, the active ingredient being the alkaloid mescaline

phencyclidine - known as angel dust, PeaCe Pill, zombie, and other street names, this very powerful and hazardous drug causes profound disorientation, agitated and often violent behavior, and even seizures, coma, and death

phenomenology - as applies in psychology, the view that the phenomena of subjective experience should be studied because behavior is considered to be determined by how people perceive themselves and the world rather than by objectively described reality

phenotype - the totality of observable characteristics of a person; compare with genotype

placebo - any therapy or inactive chemical agent, or any attribute or component of such a therapy or chemical, which affects a person's behavior for reasons having to do with his or her expectation of change

placebo effect - the action of a drug or psychological treatment that is not attibutable to any specific operations of the agent; for example, a tranquilizer can reduce anxiety both because of its special biochemical action and because of its special biochemical action and because the recipient expects relief

plateau phase - according to Masters and Johnson, the second stage in sexual arousal during which excitement and tension have reached a stable high level before orgasm

polydrug abuse - the misuse of more than one drug at a time, such as drinking heavily and taking heroin

predisposition - an inclination or tendency to respond in a certain way, either inborn or acquired; in abnormal psychology, a factor which lowers the ability to withstand stress and inclines the individual toward pathology

premature ejaculation - inability of the male to inhibit his orgasm long enough for mutually satisfying sexual relations

preparedness - in classical conditioning theory, a biological predisposition to be especially sensitive to particular stimuli and to associate them readily with the unconditioned stimulus

prevalence - in community studies of a disorder, the percent of a population that has it at a given time; compare with incidence

prevention - primary: efforts in community psychology to reduce the incidence of new cases of psychological disorder by such means as altering stressful living condition and genetic counseling
secondary: efforts to detect disorders early, so that they will not develop into full-blown, perhaps chronic disabilities
tertiary: efforts to reduce the long-term consequences of having a disorder equivalent in most respects to therapy

primary empathy - a form of empathy in which the therapist understands the content and feeling of what the client is saying and expressing, from the client's phenomenological point of view; compare with advanced accurate empathy

privileged communication - one between parties in a confidential relation that is protected by statute; a spouse, doctor, lawyer, pastor, psychologist, or psychiatrist cannot be forced, except under unusual circumstances, to disclose it as a witness

profound mental retardation - a limitation in mental development measured on IQ tests at less than 20; children with this degree of retardation require total supervision of all their activities

prognosis - a prediction of the likely course and outcome of an illness

projection - a defense mechanism whereby characteristics or desires unacceptable to the ego are attributed to someone else

projective test - a psychological assessment device employing a set of standard but vague stimuli, on the assumption that unstructured material will allow unconscious motivations and fears to be uncovered

psilocybin - a psychedelic drug extracted from the mushroom

psyche - the soul, spirit, or mind as distinguished from the body; in psychoanalytic theory, the totality of the id, ego, and superego including both conscious and unconscious components

psychedelic - a drug which expands consciousness

psychoactive drug - a chemical compound having a psychological effect, altering mood or thought processes

psychoanalysis - a term applied primarily to the therapy procedures pioneered by Freud, entailing free association, dream interpretation, and working through the transference neurosis; more recently the term has come to encompass the numerous variations on basic Freudian therapy

psychodrama - a kind of group psychotherapy, introduced by Moreno, in which patients play out, in theatrical settings, their feelings toward important figures and situations in their lives

psychodynamic - in psychoanalytic theory, relating to the mental and emotional forces and processes that develop in early childhood and their effects on behavior and mental states

psychological deficit - term used to indicate that performance of a pertinent psychological process is below that expected of the normal person

psychological dependency - term sometimes applied to the reason for substance abuse; reliance on a drug because its effects make stressful situations more bearable, without psychological addiction to it

psychological test - standardized procedure designed to measure subject's performance of a particular task or to assess his personality

psychophysiology - the discipline concerned with the bodily changes that accompany psycholgical events

psychosexual disorders - disorders of sexual functioning in which psychological factors are assumed to be of major etiological significance: gender identity disorders, paraphilias, and psychosexual dysfunctions

psychosexual dysfunctions - dysfunctions in which the appetitive or psychophysiological changes of the normal sexual response cycle are inhibited

psychosexual stages - in psychoanalytic theory, critical developmental phases which the individual passes through, each stage characterized by the body area providing maximal erotic gratification; the adult personality is formed by the pattern and intensity of instinctual gratification at each stage

psychosexual trauma - as applied by Masters and Johnson, earlier frightening or degrading sexual experience which is related to present psychosexual dysfunction

psychosis - a severe mental disorder in which thinking and emotion are so impaired that the individual is seriously out of contact with reality

psychosocial system - as applied by Masters and Johnson, the social, psychological, and cultural attitudes toward sexual responding

psychotherapy - primarily verbal means of helping troubled individuals change their thoughts, feelings, and behavior to reduce distress and to achieve greater life satisfaction

punishment - in psychological experiements, any noxious stimulus imposed on the animal to reduce the probability that it will behave in the way deemed by the experimenter to be incorrect

rape - to force sexual intercourse or other sexual activity on another person.
forcible rape; is the legal term
statutory rape; is sexual intercourse between an adult male and a female who is under the age of consent

rapid-smoking treatment - a behavior therapy technique for reducing cigarette smoking in which the person is instructed to puff much more quickly than usual, in an effort to make the whole experience an aversive one

rapport - a close, trusting relationship

Rational-emotive therapy - a cognitive-restructuring behavior therapy introduced by Albert Ellis and based on the assumption that much disordered behavior is rooted in what people tell themselves; the therapy aims to alter the unrealistic goals individuals set for themselves, such as "I must be universally loved"

rationalization - a defense mechanism in which a plausible reason is unconsciously invented by the ego to protect itself from confronting the real reason for an action, thought or emotion

reaction formation - a defense mechanism whereby an unconscious and unacceptable impulse or feeling which would cause anxiety is converted into its opposite so that it can become conscious and be expressed

reactivity - the phenomenon whereby the object of observation is changed by the very fact that it is being observed

recidiviate - relapse into previous condition or mode of behavior

recovery time - the period it takes for a physiological process to return to baseline after the body has responded to a stimulus

regression - a defense mechanism in which anxiety is avoided by retreating to the behavior patterns of an earlier psychosexual stage

reinforcement - in operant conditioning, increasing the probability that a response will recur either by presenting a contingent positive event or be removing a negative one

reliability - the extent to which a test, measurement, or classification system produces the same scientific observation each time it is applied

repertoire - a complete list or supply of skills or devices

repression - a defense mechanism whereby impulses and throughts unacceptable to the ego are pushed into the unconscious

resistance - during psychoanalysis, the defensive tendency of the unconscious part of the ego to ward off from consciousness particularly threatening repressed material

resistance to extinction - the tendency of a conditioned response to persist in the absence of any reinforcement

resolution phase - in the sexual arousal cycle, the last stage, during which sexual tensions abate

response acquiescence - a "yea"-saying response set, or agreeing with a question regardless of its content

response cost - an operant conditioning punishment procedure in which the misbehaving person is fined already earned reinforcers

response deviation - a tendancy to answer questionnaire items in an uncommon way, regardless of their content

retrospective report - a recollection by an individual of a past event

revealed-differences technique - a procedure for studying family behavior by ovserving its members in a laboratory as they try to agree on an answer to a particular question

reward - in psychological experiments, any satisfying event or stimulus which, by being contingent with a response, reinforces this response which it follows and increases the probability that the subject will so respond again

right to refuse treatment - legal principle according to which a committed mental patient may decline to participate in unconventional or risky treatments

right to treatment - legal principle according to which a committed mental patient must be provided some minimal amount and quility of professional intervention, enough to provide a realistic opportunity for meaningful improvement

rigid - deficient in or devoid of flexibility

ritualistic - any formal and customarily repeated act or series of acts

Rorschach test - a projective test in which the examinee is instructed to interpret a series of ten inkblots reproduced on cards

sadism - marked preference for obtaining or increasing gratification by inflicting pain on another person

schemata - ways of perceiving or constuing the world

school phobia - an acute, irrational dread of attending school, usually accompanied by somatic complaints; the most common phobia of childhood

sedative - a drug which slows bodily activities, expecially those of the central nervous system; used to reduce pain and tension and to induce relaxation and sleep

self-actualization - fulfilling one's potential as an always growing human being; believed by client-centered therapists to the the master motive

self-monitoring - in behavioral assessment, a procedure whereby the individual observes and reports certain aspects of his or her won behavior, thoughts, or emotions

sensitivity (encounter) group - a small group of people who spend a period of time together both for therapy and for education pruposes; participants are encouraged or forced to examine their interpersonal fundtioning and their often-overlooked feelings about themselves and others

sensory-awareness procedures - techniques which help clients tune into their feelings and sensations, as in sensate-focus exercises, and be open to new ways of experiencing and feeling

severe mental retardation - a limitation in mental development measured in IQ tests at between 20 and 34; individuals so afflicted often cannot care for themselves, communicate only briefly, and are listless and inactive

sex-change surgery - operation removing existing genitalia of a transsexual and constructing genitals of the opposite sex

sexual masochism - pleasure in being abused or dominated; a taste for suffering

sexual response cycle - the general pattern of sexual physical processes and feelings, building to an orgasm by stimulation; as proposed by Masters and Johnson, made up of four phases: excitement, plateau, orgasm, and resolution

sexual sadism - a sexual perversion in which gratification is obtained by the infliction of physical or mental pain on others; delight in cruelty

sexual script - rules people have for guiding their actions in sexual situations

sexual value system - as applied by Masters and Johnson, the activities that an individual holds to be acceptable and necessary in a sexual relationship

shaping - in operant conditioning, reinforcing responses that are successively close approximations of the desired behavior

sibling - one of two or more persons having the same parents

sidestream smoke - the smoke from the burning end of a cigarette, containing higher concenttrations of ammonia, carbon monoxide, nicotine, and tar than that inhaled by the smoker

situational determinants - the environmental conditions that precede and follow a particular piece of behavior, being a primary focus of behavior assessment

situaltional orgasmic dysfunction - inability of a woman to have an orgasm in particular situations

social desirability - in completion of personality inventories, the tendency of the responder to give what he or she considers the socially acceptable answer, whether or not it is an accurate description

social phobia - collection of fears linked to the presence of other people

social-skills training - behavior therapy procedures for teaching socially unknowledgeable individuals how to meet others, to talk to them and maintain eye contact, to give and receive criticism, offer and accept compliments, to make request and express feelings, to approach members of the opposite sex, and how otherwise to improve

socioeconomic status - relative position in the community as determined by occupation, income, and amount of education

sodomy - Originally, penetration of the male organ into the anus of another male; broadened in English law to include heterosexual anal intercourse and by some state statutes to cover unconventional sex generally

spectator role - as applied by Maters and Johnson, a pattern of behavior in which the individual's focus on the concern for sexual performance impedes his or her natural sexual responses

state-dependent learning - the phenomenon whereby an organism shows the effects of learning that took place in a special condition such as intoxication better in that condition than in the ordinary state

state-dependent memory - the phenomenon whereby people are better able to remember an event if they are in the same state as when it happened. If they are in a greatly different state when they try to remember, happy now, and sad then, memory is poor

statutory rape - sexual intercourse, whether forced or not with a female who is below an age fixed by local statute as that on consent

stimulant - a drug which increases alertness and motor activity and at the same time reduces fatigue, allowing an individual to remain awake for an extended period of time

stress - a stimulus which strains the physiological or psychological capacities of an organism

substance abuse - use of a drug for at least a month to such an extent that the person is often intoxicated throughout the day and fails in important obligations and in attempts to abstain, but there is no physiological dependence

suicide - taking of one's own life intentionally

symbolic process - in behavioral analysis, an activity utilizing symbols

symptom - an observable physiological or psychological manifestation of a disease, often occurring in a patterned group of symptoms to constitute a syndrome

Synanon - a residential mutual-help community, primarily for drug addicts, in which particlpatns are held responsible for their behavior and encouraged, through harsh and direct feedback, to change their behavior

syndrome - a group or pattern of symptoms which tend to occur together in a particular disease

systematic desensitization - a major behavior therapy procedure which requires a fearful person, while deeply relaxed, to imagine a series of progressivley more fearsome situations; the two responses of relaxation and fear are imcompatible and fear is dispelled. Useful for treating psychological problems in which anxiety is the principal difficulty

systematic rational restructuring - a variant of rational-emotive therapy in which the client imagines a series of increasingly anxiety-provoking situations

systematized delusion - a highly organized set of mistaken beliefs which has become the dominant focus of the paranoid patient's life

Taylor Manifest Anxiety Scale - fifty items drawn from the MMPI as a self-report questionnaire to assess anxiety

telephone scatologia - interest in obscene (lewd) matters transmitted by telephone

testability - the extent to which a scientific assertion is amenable to systematic probes, any one of which could negate the scientist's expectations

testes - male reproductive glands or gonads; the site where sperm develop and are stored

Thematic Apperception Test (TAT) - a projective test consisting of a set of black and white pictures reproduced on cards, each depicting a potentially emotion-laden situation; the examinee, presented with the cards one at a time, is instructed to make up a story about each situation

theory - a formally stated and coherent set of propositions that purport to explain a range of phenomena, order them in a logical way, and suggest what additional information might be gleaned under certain conditions

therapeutic - of or relating to the treatment of disease or disorders by remedial agents or methods

therapeutic community - a concept in mental health care that views the total environment as contributing to prevention or treatment, such as Synanon for drug addicts

time-out - an operant conditioning punishment procedure in which for bad behavior the person is temporarily removed from a setting where reinforcers can be obtained and put in a boring room

token economy - a behavior therapy procedure, based on operant conditioning principles, in which institutionalized patients are given scrip rewards such as poker chips for socially constructive behavior; the tokens themselves can be exchanged for desirable items and activities such as cigarettes and extra time away from the ward

tolerance - a physiological condition in which greater and greater amounts of an addictive drug are required to produce the same effect

trait - a somatic characteristic or an enduring predisposition to respond in a particular way, distinguishing one individual from another

trance logic - a way of thinking during hypnosis that allows a person to entertain as real phenomena that are inherently contradictory, such as seeing two people in place of one

tranquilizer - a drug which reduces anxiety and agitation, such as valium

transference - venting of the analysand's emotions, either positive or negative, by his treating the analyst as the symbolic representative of someone important in his past.

transsexual - a person who believes he is opposite in sex to his biological endowment and often desires sex-change surgery

transvestism - the practice of dressing in the clothing of the opposite sex, usually for the purpose of sexual arousal

trauma - a severe physical injury or wound to the body caused by an external force; or a psychological shock having a lasting effect on mental life

tumescence - flow of blood into the genitals

two-factor theory - Mowrer's theory of avoidance learning according to which (1) fear is attached to a neutral stimulus by pairing it with a noxious unconditioned stimulus, and (2) a person learns to escape the fear elicited by the conditioned stimulus, thereby avoiding the UCS

type A and type B - two contrasting behavior patterns revealed through studies seeking the causes of coronary heart disease; type A people are competitive, rushed, aggressive, and overcommitted to their work, type B's more relaxed and relatively free of pressure; type A's are at risk for heart disease

unconditional positive regard - according to Rogers, a crucial attitude for the client-centered therapist to adopt toward to client, who needs to feel accepted totally as a person in order to evaluate the extent to which his current behavior contributes to his self-actualization

unconditioned stimulus (UCS) - a stimulus which elicits an instinctual, unconditional response; meat powder producing salivation is an example

unconscious - a state of awareness without sensation or thought; in psychoanalytic theory, the part of the personality, in particular the id impulses, or id energy, of which the ego is unaware

undercontrolled - in reference to childhood disorders, problem behavior of the child that creates trouble for others, such as his or her disobedience and aggressiveness

urophilia - having an attraction to urine as a sexual object

vagina - the sheathlike female genital organ which leads from the uterus to the external opening

vaginal barrel - the passageway of the vaginal canal leading from the external opening to the uterus

vaginal orgasm - sexual climax experienced through stimulation of the vagina

vaginal plethysmograph - device for recording the amount of blood in the walls of the vagina and thus for measuring arousal

vaginismus - painful, spasmodic contractions of the outer third of the vaginal barrel, making insertion of the penis impossible or extremely difficult

valium - a minor tranquilizer, believed to be the most widely prescribed drug of those available to physicians

variable - a characteristic or aspect in which people, objects, events, or conditions vary

vicarious conditioning - learning by observing the reactions of others to stimuli or through listening to what they say

voyeurism (peeping) - marked preference for obtaining sexual gratification by watching others in a state of undress or having sexual relations; habitually seeking sexual stimulation by visual means

withdrawal symptoms - negative physiological and psychological reactions evidenced when a person suddenly stops taking an addictive drug; cramps, restlessness, and even death are examples

woolly mammoth - a metaphor for the way the repressed conflicts of psychoanalytic theory are encapulated in the unconscious, making them inaccessible to examination and alteration; thus maintained they cause disorders in adulthood

word association test - experimental procedure in which a list of words is read to the subject who has been instructed to respond to each with the first word that comes to mind

XYY - the sex chromosome designation of men with an extra male chromosome; a genotype thought at one time to predispose for violence but now considered less determinative in this regard

zeitgeist - German word for the trends of thought and feeling, of culture and taste of a particular time period

zoophilia - having an attraction to or preference for animals

zygote - the fertilized egg cell formed when the male sperm and female ovum unite

Criteria

Definition

An adolescent (prior to 18 years) sex offender is defined as a juvenile, male or female, who engages in sexual activity: (1) when there is a discrepancy in age, especially where the offender is a post-pubertal youth and the victim a pre-pubertal child; (2) when the sexual activity is inappropriate by use of force, intimidation, threat and/or manipulation by promises of gifts and affection to gain sexual gratification; (3) when the sexual offender seeks to dominate and exert control over another by use of sexual means; and/or (4) when the social relationship between persons is incestuous, as too closely related to marry legally or within the family parameter.

Intervention

Without effective intervention, juvenile sexual offenders are not likely to self-correct. Statistics indicate that one in three men incarcerated has a history of sexual offense, 95% of these sexual perpetrators began offending in adolescence; (included are nonadjudicated sexual offenses which have been plea bargained to a nonsexual offense charge, as well as prior adjudicated sexual offenses.) Many incidences of sexual offense go unreported and are not detected or are detected only when the offender is in treatment. Sexual perpetrators differ from other types of incarcerated offenders in that over 80% of the sexual offenders have been victims, while less than 30% of other incarcerated offenders have been victims of sexual abuse.

Rationale

The rationale for early therapeutic intervention in juvenile and adolescent sexually molestive behavior is clear and compelling: (1) deviant patterns are less deeply ingrained and are, therefore, easier to disrupt; (2) youth are still experimenting with a variety of patterns of sexual satisfaction which offer alternatives to consistent deviant patterns; (3) distorted thinking patterns are less deeply entrenched and can be redirected; (4) youth are good candidates for learning new and acceptable social skills; (5) public safety is improved by preventing further victimization; and (6) fiscal economy is enhanced by reducing incarceration.

Referral

Before a juvenile adolescent sexual offender (10 to 18 years) is accepted in the CASOI group, the evaluation tasks are to differentiate: (1) what may be exploratory/non-violent normative sexual activity; (2) what may be inappropriate manipulative non-violent sexual activity; (3) what may be sexually pathological non-violent sexual activity; (4) what may be sexually extensive pathological violent or non-violent sexual activity; and (5) what may be extensive numerous pathological violent sexual activity that poses a risk to another person.

Risk

Criteria to help determine the risk to community safety are available through an informal item checklist or criteria relating to appropriateness of outpatient versus residential treatment, developed from the checklist of the Juvenile Sexual Offender Program at the University of Washington School of Medicine's Adolescent Clinic, modified and used as a guide by the Clackamas Adolescent Sexual Offender Intervention Program and Juvenile Court placement. Risk assessment criteria: (1) seriousness of referral offense; (2) treatability/manageability of offender; (3) probability of sexually reoffending (with and without recommended intervention); and (4) likely danger to the community with and without recommended intervention (Smith, 1985). (Appendix A)

Common high-risk factors that indicate the inappropriateness of youthful sexual offenders for community treatment include: (1) it was a repeated offense for which the offender had already received treatment; (2) the offense involved violence, physical force, use or threat of use of a weapon; (3) evidence of progressive increase in the force used to commit a repeated offense; (4) the offense was predatory, ritualistic, or continued despite the victim's expression of distress; and (5) the offender's significant intellectual deficits limits ability to learn from the consequences of behavior. (Appendix A) An "intervention prognosis scale" is used as a guide to alert CASOI personnel to projected intervention difficulties. (Appendix B)

Entry Evaluation

The CASOI assessment follows a questioning method summarized by Groth & Loredo (1981). Eight issues key to the evaluation of a sexually abusive adolescent:

1. What is the age relationship between the persons involved? Peers or significant difference in age (older or younger), and/or post-versus pre-puberty.
2. What is the social relationship between the persons involved? Exploration of social relationship, or lack of.
3. What type of sexual activity is being exhibited? Developmental level versus knowledge or experience; unusual or unconventional activity, symbolic, ritualistic and/or fantasies.

4. How does the sexual contact take place? Mutual agreement, negotiation, deception, enticement, entrapment, intimidation, manipulation, threat, physical force or consent.

5. How persistent is the sexual activity? Compulsive, stressful, tensional; prevalence, length of time, preoccupation, predomination, or driven.

6. Is there any evidence of progression in regard to the nature or frequency in the sexual activity? Changes over time, frequency, elaboration, pattern, or ritual emergence; changes in type of sexual acts, type of person directed toward, ways of sexual contact; aggression over time.

7. What is the nature of the fantasies that precede or accompany the adolescent's abusive behavior? Self-image, comfort or discomfort, sexual interests, quality of interpersonal relationships.

8. Are there any distinguishing characteristics about the persons who are targets of the adolescent's assaults? Age, social relationship, handicap(s), disadvantage(s), and/or vulnerability.

Personality Assessment

The assessment of the sexually abusive adolescent's behavior follows the evaluation of the sexual offense. Behavior is examined in regard to the offender's personality development, current life, and the family situation. Intake assessment, using various instruments, is followed by ongoing assessment and evaluation throughout the intervention period. A placement interview is conducted by the Juvenile Court Psychologist prior to the intake assessment. A polygraph examination and assessment may be initiated during or prior to release as condition for action. A "second opinion" is sought from the Juvenile Court Psychologist before intervention termination is processed.

The CASOI program follows the queries suggested by Groth & Loredo (1981):

1. What critical developmental events or experiences may have combined to predispose the adolescent to act out his problem? Victim of sexual trauma, offended in an unsuccessful and maladaptive effort, counter impact to power, retaliation, validation, or restoration of sense of self-worth.

2. What current life tensions or stresses, particularly family dynamics, are operating that serve to trigger the offense? Determination is made: (a) the nature of the interrelationships among the members of the adolescent's family and how the dynamics affect; (b) the characteristic family attitudes and behaviors that serve to precipitate or perpetuate sexual offenses; (c) primary role models in regard to sexual and aggressive behaviors: and (d) the prevailing attitude or reaction of parents toward sexual offenses, such as minimization and denial, guilt, induction, physical punishment, and whether they fail to address the underlying problems and react only to the symptom.

3. To what extent are the adolescent sexual offender's problems compounded by other serious disorders such as retardation; mental illness (psychosis), drug or alcohol dependency, organical, and so forth as a primary problem and/or secondary behavior.

Assessment Instruments

Equipment and testing instruments may include the following:

- Farrall CAT-200 Personal Computer based assessment and treatment system for sex offenders. (penile plethysmograph)
- Treatability Scale
- Adolescent Sexual Offender Treatment Risk Assessment
- Guidelines for Treatment of Juvenile Sexual Offenders
- O'Brien's Descriptive Typology
- Wenet and Clark's 37-point checklist of Clinical Risk Criteria
- Minnesota Multiphasic Personality Inventory (MMPI), with adolescent norms
- Million Adolescent Personality Inventory (MAP)
- Thematic Apperception Test (TAT)
- Sentence completion test (ie, Rotter Incomplete Sentences Blank-High School Form (15B)
- Beck Depression Scale
- Draw-A-Person (DAP)
- Wechsler Intelligence Scale for Children-Revised (WISC-R)
- Bender-Gestalt, Interference Procedure (BIP)
- Rorschach Test
- Sexual Profile and Inventory
- Family Strategy Interview
- Background Information Questionnaire
- Police report(s)
- Prior academic and psychological/emotional testing (when available)
- Juvenile Court Psychologist Report

Intervention

Goals

Nine comprehensive intervention goals are:

1. Each adolescent will read, understand and sign the Acknowledgement of Non-Confidentiality and Waiver. (Appendix B)
2. Each adolescent will receive a complete, individualized, ongoing assessment and intervention plan.
3. Each adolescent will accept responsibility for the offenses in which he has been involved and have an understanding of the sequence of thoughts, feelings, events, circumstances, and arousal stimuli that make up the "offense syndrome" that precedes involvement in sexually aggressive behaviors.
4. Each adolescent will learn to intervene in and break into the offense pattern at its very first sign and call upon the appropriate methods, techniques, or procedures learned in order to suppress, control, manage, and stop the thought process (thinking error) that leads to inappropriate behavior.
5. Each adolescent will strive to engage in a reeducation and resocialization process in order to replace antisocial thoughts and behaviors with presocial ones, acquire a positive self-concept, including new attitudes and expectations for himself, and learn new social and sexual skills to help cultivate positive, satisfying, pleasurable, and nonthreatening relationships with others.
6. Each adolescent will test newly acquired insights and control mechanisms in the home, school, and community, without the potential for affronting or harming members of the environment.
7. Each adolescent will have access to a group of peers for assistance in learning and maintaining a safe lifestyle.
8. Each adolescent will develop a post-group personal plan of assistance.
9. Each adolescent will have access to therapeutic support after graduation from the program.

Strategy

The adolescent sexual offender discipline includes a variety of psychotherapeutic, cognitive, and behavioral elements, and incorporates a wide range of educational and training components. Guided peer group intervention, co-led by a female and a male, forms the core of the program design. Peer group intervention can be supplemented by individual counseling and family counseling when parents and siblings are available. Secretive patterns of behavior and thinking error are confronted in offense, specific intensive form.

Approaches

Approaches to fulfilling the nine preceding intervention goals and strategy follow:

1. Initial and ongoing assessments are used to determine individual intervention needs. Specific questions of involvement are used to avoid generalities and concealment of various paraphilias and eliminate disclosure discrepancies.

2. A combination of psycho-socioeducational modules, cognitive, Rational-Emotive, Gestalt, Transactional Analysis, insight oriented, family structural, and behavioral intervention approaches are employed.

3. To break into the offense pattern and to recognize the earliest link in the chain of thoughts, feelings, and events that lead to offending; control techniques are adapted. Control techniques range from least intrusive to the most intrusive methods: from relaxation and stress-management techniques, to thought-stopping, thought-shifting, impulse-charting, various cognitive deterrents, and cognitive restructuring; and progress to stronger interventions such as removal from the high-risk situation or having others monitor removal; to various aversion fantasy/behavioral suppression methods or techniques. These fantasies to behavioral interventions might include covert sensitization, cognitive aversive conditioning, satiation, olfactory (smell) aversion, all methods of suppressing deviant arousal. The CASOI program uses an eclectic approach and provides a broad range of intervention tools to the adolescent sexual offender.

4. Reeducation and resocialization agendas are implemented through selection from a wide array of methods to meet the offender's needs and deficits. Reeducation and resocialization may include: (1) changing culturally rooted stereotypic notions about the roles of women and men in our society; (2) overcoming myths and misperceptions about human sexuality, and increasing nondeviant, positive sexuality; (3) dealing with the sexual, physical, and emotional victimizations the offender personally may have suffered; (4) learning empathy, victim awareness, and how to build caring relationships with others; (5) learning assertiveness skills to manage behavior appropriately and to express anger and other negative or positive feelings; (6) improving self-esteem; (7) increasing living, educational, and vocational skills; and (8) learning strategies for controlling substance abuse.

5. The offender is provided with methods and techniques to build skills in intra- and inter-communication in the home, school, and community. "Homework" is given to allow practice in the offender's current environment outside the group and is monitored by the therapists.

6. The offender is provided with a peer group situation on a regular basis: (1) to share common issues in human sexuality, societal values and rules regarding sexual behavior; (2) to recognize and deal with thinking errors; (3) to identify and deal with risk situations that contribute to re-offense behavior; (4) to reconnect the perpetrators to the victimization and that responsibility; (5) to better understand the exploitive nature of the offense; (6) to accept responsibility for the offense; and (7) to create a sensitivity to the victim's feelings, emotions, and significant consequences that follow sexual abuse.

7. Following graduation from the group, the offender has access to the therapists and the current ongoing group. An attempt is made to track the adolescent offender into adulthood, by requesting completion and return of a confidential questionnaire periodically.

Structure

Modules

The adolescent sexual offender goes through ten systematic modules that are structured in 4 to 5 week sections each. Modules cross and re-cross throughout the intervention, and are not necessarily listed in order of presentation.

1. Orientation includes: (1) program philosophy and goals; (2) statistics of offenders and profile information; (3) definitions of sexual assault per Oregon Statutes, aggressive intimidation versus manipulative molestive behavior; (4) cyclic nature of sexual abuse; (5) history of adolescent sexual offender treatment; (6) confidentiality; (7) intake interview; (8) assessment; and (9) acknowledgement of non-confidentiality and waiver.
2. Deviant Thinking (thinking error) includes: therapeutic intervention of present and past erroneous (irrational) belief systems. Exploration in areas of: (1) can versus cannot; (2) victimizing; (3) obligation; (4) concept; (5) ownership; (6) empathy; (7) trust; (8) anger; (9) dependency; (10) self-perception; (11) responsibility; and (12) minimization, denial, discounting and rationalization.
3. Victim Personalization includes: consequences of offense in regard to the victim. Attention is given to the immediate and long term effects of sexual assault on victims and their families. This module also addresses the offender as a victim and explores how victimization may contribute to offending. Films and guest speakers contribute to this module.
4. Sexuality Education is to promote and encourage responsible sexual behavior and appropriate social life. Included are: (1) information; (2) self-confidence; (3) empathy; (4) decision making; (5) problem solving; (6) consenting behavior; and (7) the seriousness of sex. Films and guest speakers may be included in this module.
5. Offender Responsibility constitutes the notion of stereotypes, exploration of "cause and effect", dynamics of assault, behaviors of an offender, characteristic traits and patterns. Denying, dispelling, minimizing, rationalizing and projecting to recognize self and responsibility for self-behavior is stressed.
6. Social Skills are introduced to help develop appropriate personable characteristics to counter poorly developed common social behaviors. Role playing and sociodrama models are introduced to help the offender develop and improve skills.
7. Values Exploration and clarification focuses on the general adolescent problem of identity. Participants explore and identify personal values and value their development. Self-esteem and confidence in self are central to this module.
8. Fantasy Exploration centers around identification, rationalization, perception and keying to cognitive awareness. Methods and techniques to block or stop fantasy to action behavior are included in this module.

9. Anxiety/Stress Management is used to channel expression and personal force into appropriate areas. Appropriate methods to express anger and aggression by assertiveness training and relaxation exercises are included. Emphasis is placed upon appropriate expression of anxiety and stress using exercises, techniques, and methods to avoid involvement with potential high risk situations. Alternate methods of handling frustrations, anger, manipulation, adversity, and anxiety are explored.

10. Drug/Alcohol Abuse Management is highly correlated with sexual offenses, and is therefore addressed to provide information regarding chemical and alcohol dependency and the family role (dynamic) commonly found in drug/alcohol systems. Assessment by staff and client are provided, and referral(s) is (are) made to drug/alcohol treatment programs where appropriate.

Family Intervention

The parent(s) and siblings of the offender are provided the opportunity to learn the specific intervention strategies, approaches, methods, and techniques implemented in the adolescent group. Emphasis is made to establish and maintain a close trusting relationship between the family (family member) and the adolescent as supplemental ongoing intervention outside the group. "Homework" is given and monitored by the therapists to strengthen the relationship between the adolescent and the family.

Family intervention objectives are to:

(1) increase parent and sibling understanding of sexuality; (2) expand the family's understanding about the effect of attitudes regarding the sexuality of other persons; (3) assist the family in determining values and attitudes regarding sexuality that are grounded in mutual respect; (4) provide specific techniques and methods to allow "healthy" supporting interaction within the family ecological sphere; (5) provide information to the family regarding the nature and treatment of adolescent sexual offenders; and (6) provide guidelines for appropriate adolescent behavior, which may be used to monitor, support, and structure youth activities in the family to prevent recidivism.

Graduation Objectives

Each adolescent sexual offender will:

1. Accept full responsibility for the sexual offense.
2. Own the sexually assaultive behavior(s) without denial, minimization or rationalization.
3. Attend and actively participate in group meetings.
4. share appropriate feelings, emotions, and thoughts with others within and outside the group.
5. Understand the impact of sexual abuse on the victim(s).
6. Understand how to meet sexual and social needs appropriately.
7. Increase awareness of emotions and psychological processes that lead to offending and victimizing.
8. Identify and discuss emotional and attitudinal precipitants of sexual offensive behavior, especially related to self.

9. Share sexual fantasies in group activities and demonstrate the "thinking error" leading from fantasy to action.

10. Be aware of situational and emotional states that are "danger signals" to sexual offending and use methods, techniques, strategies and action steps that are necessary to prevent inappropriate sexual behaviors.

11. Develop a post-group behavioral plan to provide guidelines and rules to prevent sexual reoffending.

References

Abel, G.G. (1984, February). The outcome of assessment treatment at the sexual behavior clinic and its relevance to the need for treatment programs for adolescent sexual offenders in New York State. Paper presented as a PREAP press briefing, Albany, New York.

Abel, G.G. (1984, March). Presentation at the Sexual Aggressives Treatment/Research Symposium, Vancouver, British Columbia, Canada.

Abel, G.G., Mittelman, M.S. & Becker, J.V. (1983, December). Sexual offenders: results of assessment and recommendations for treatment. Paper presented to the World Congress of Behavior Therapy.

Abel, G.G., Rouleau, J., and Cunningham-Rathner, J. Sexually aggressive behavior. In: Curran, W., McGarry, A.L., and Shah, S.A., eds. Modern Legal Psychiatry and Psychology. Philadelphia: Davis, F.A., in press.

American Psychiatric Association (1980). Diagnostic & statistical manual of mental disorders (3rd ed.) Washington, D.C.: American Psychiatric Association.

Becker, J.V. & Abel, G.G. (1984, June). Methodological and ethical issues in evaluating and treating adolescent sexual offenders. (National Institute of Mental Health Monograph).

Bera, W. (1985). A preliminary investigation of a topology of adolescent sexual offenders and their family systems. Master's thesis, University of Minnesota.

Crenshaw, J.D. Presentation on child sexual abuse at Alachua County Council on Child Abuse, Inc., Gainsville, Florida, September 25, 1982.

Freeman, R. (1984, March). Presentation at the Sexual Aggressives Treatment/Research Symposium, Vancouver, British Columbia, Canada.

Freeman-Longo, R.E. (1981). Unpublished study on the background of sexual aggressives.

Freeman-Longo, R.E. (1983). Unpublished study on developmental histories in sexual offenders.

Goodman, D. (1983). Do juvenile offenders have "criminal personalities"? Corrections Magazine 9(1):30-35.

Groth, A.N. (1979). Sexual trauma in the life histories of rapists and child molesters. Victimology: An International Journal 21(1):10-16.

Groth, A.N. Longo, R.E. & McFadin, J.B. (1982, July). Undetected recidivism among rapists and child molesters, Journal of Crime & Delinquency.

Groth, A.N., and Loredo, C.M. (1981). Juvenile sexual offenders: Guidelines for assessment. International Journal of Offender Therapy and Comparative Criminology 25(1):31-39.

Haversack, G. (Letter to F.H. Knopp) (1984, April 26).

Jackson, I.F. (1984). A preliminary survey of adolescent sexual offenses in New York: remedies of recommendations. Syracuse, New York: Safer Society Press

References (Cont.)

Knopp, F.H. (1982). Remedial intervention in adolescent sexual offenses: nine program descriptions. Syracuse, New York: Safer Society Press.

Knopp, F.H. (1984). Retraining adult sexual offenders: methods & models. Syracuse, New York: Safer Society Press.

Knopp, F.H. (1985). The youthful sexual offender: the rationale & goals of early intervention & treatment. Syracuse, New York: Safer Society Press.

Lange, A. (unknown). Rational-emotive therapy: a treatment manual. NIMH Grant No. 1 RO 1 MH42035 Prevention of relapse in sexual offenders. Florida Mental Health Institute.

Longo, R.E. (1982). Sexual learning and experience among adolescent sexual offenders. International Journal of Offender Therapy and Comparative Criminology 26(3): 235-241.

Longo, R.E. & Groth, A.N. (1982). Juvenile sexual offenses in the histories of adult rapists and child molesters. Unpublished manuscript.

Longo, R.E., and Groth, A.N. (1983). Juvenile sexual offenses in the histories of adult rapists and child molesters. International Journal of Offender Therapy and Comparative Criminology 27(2):1 50-155

Nelson, G. (1984, April). "Theory and Treatment of the Adolescent Sex Offenders." Paper presented at the Child Well Fair Workshop, Salem, Oregon.

Novaco, R.W. (unknown). Stress inoculation for anger and impulse control: a treatment manual. NIMH grant No. 1 RO 1 MH 42035 Florida Mental Health Institute.

O'Brien, M. (1985). Adolescent sexual offenders: an outpatient program's perspective on research directions. In Emeline M. Otey and Gail D. Ryan (Eds.) adolescent sex offenders: issues in research and treatment. Rockville, Md.: National Institute of Mental Health.

O'Shaughnessy, R. (1984, March). Presentation at the Sexual Aggressives Treatment/Research Symposium, Vancouver, British Columbia, Canada.

Prendergast, W.E. (1979, October). The sex offender: How to spot him before it's too late. Sexology.

Samenow, S.E. (1984). Inside the Criminal Mind. New York: Times Books.

Samenow, S.E. (1984, January). Is it always the parent's fault? Family Weekly, pp 7-8.

Smith, W.R. (1985, May). Juvenile sex offenders and the prediction of risk. Paper presented at Adolescent Perpetrator Meetings arranged by The Kempe Center, in a panel workgroup sponsored by the National Center for the Prevention and Control of Rape/National Institute of Mental Health, Keystone, Colorado. To be published by National Center for the Prevention and control of Rape in 1986.

Wenet, G.A. & Clark, T.F. (1982). Juvenile sexual offender decision criteria. University of Washington, Adolescent Clinic, Seattle, Washington.

Yochelson, S., and Samenow, S. (1976). The Criminal Personality. Vols. I and II New York: Jason Aronson.

APPENDIX A

CLACKAMAS ADOLESCENT SEXUAL OFFENDER INTERVENTION
RISK ASSESSMENT

NAME OF ADOLESCENT_____ CASE #_____

ASSESSOR_____

The following can be used as a guide and preliminary assessment of risk factor associated with possibilities for offending as well as appropriateness of intervention placement.

Code each item "X" if the statement is true, "0" if the statement is false.

CATEGORY I

The adolescent('s):

_____ 1. is willing to explore offense in a non-defensive manner.

_____ 2. acknowledges the negative impact of the offense on the victim.

_____ 3. accepts responsibility for the offense.

_____ 4. displays guilt and/or remorse.

_____ 5. first documented offense.

_____ 6. acknowledges the exploitative nature of the offense.

_____ 7. admits committing the offense.

_____ 8. parent(s) or guardian(s) acknowledge the negative impact of the offense on the victim.

_____ 9. parent(s) or guardian(s) hold the adolescent responsible for the offense, without placing blame onto others or circumstances.

_____ 10. displays "normal" attitudes concerning sexuality.

_____ 11. does not have a history or behavior disorder or pathology involving violence/aggression.

_____ 12. family is functional.

_____ 13. parent(s) or guardian(s) are supportive and willing to become involved in treatment.

_____ 14. has a history of adequate social adjustment.

_____ 15. does not have a history of severe behavioral and/or academic problems.

_____ TOTAL "X"s (Score)

The adolescent('s):

_____ 1. discontinued the offensive behavior when the victim showed distress.

_____ 2. resists describing the offense.

_____ 3. does not display wrongfulness of the offense.

_____ 4. minimizes the offense.

_____ 5. has committed two or more documented offenses.

_____ 6. displays little or no guilt.

_____ 7. places blame for the offense onto others or onto extraneous circumstances.

_____ 8. resists participation in this assessment.

_____ 9. parent(s) or guardian(s) minimize the offense or place the blame onto others or onto circumstances.

_____ 10. displays "abnormal" attitudes concerning sexuality.

_____ 11. has been a victim of a sexual offense.

_____ 12. family is dysfunctional.

_____ 13. family member(s) have committed sexual offenses.

_____ 14. has a history of poor social adjustment and isolation.

_____ 15. has a history of behavioral and academic problems.

_____ TOTAL "X"s (Score)

CATEGORY III

The adolescent('s):

_____ 1. was predatory in the offense.

_____ 2. was involved in ritualistic behavior.

_____ 3. physically abused the victim during the offense (displayed violence or threat).

_____ 4. committed the offense while under the influence of drugs or alcohol.

_____ 5. has been treated for sexual offenses in the past.

_____ 6. continued offending despite the victim's expression of distress.

_____ 7. displays sophisticated precocious knowledge of sexual behavior.

_____ 8. refuses to participate in this assessment.

_____ 9. denies and/or minimizes any involvement in the offense.

_____ 10. parent(s) or guardian(s) refuse to participate in this assessment.

_____ 11. parent(s) or guardian(s) deny and/or minimize the adolescent's involvement in the offense.

_____ 12. parent(s) or guardian(s) deny that the adolescent has any psychosocial problems.

_____ 13. has engaged in compulsive mastubatory fantasies involving deviant sexuality and/or "abnormal" sexual behavior.

_____ 14. displays evidence of thought disorder and/or pathological behavior.

_____ 15. has a history of behavioral and academic problems and has been incarcerated and/or expelled from school.

_____ TOTAL "X"s (Score)

CATEGORY IV

The adolescent:

_____ 1. has been involved in an incident that involved a death or near death (others/self).

_____ 2. has committed arson.

_____ 3. has tortured humans and/or animals.

_____ 4. claims satanic or sexual cult membership or belief.

_____ 5. has a history of chronic and repetitive sexual abuse.

_____ TOTAL: "X"s (Score)

Mark the total score, in each category, on the graph in the appropriate column. Assess the risk of re-offending and the appropriateness of intervention placement.

(A) Exploration/non-violent (educational counseling) - This Instrument
(B) Manipulation/non-violent (outpatient intervention - Preliminary Assessment
(C) Pathology/non-violent (day treatment) - Complete Assessment
(D) Extensive pathology(ies)/non-violent (residential treatment) - Complete Assessment
(E) Extensive/numerous pathologies/violent (secure unit treatment) - Complete Assessment

CATEGORY

I	II	III	IV
Low Risk	Moderate Risk	High Risk	**Severe Risk

15
14
13
12
11
10
9
8
7
6
5
4
3
2
1
0

TREAT-MENT	A	B	C	D	E

*This assessment scale of risk and appropriateness of treatment is only a guide and should <u>not</u> be considered definitive diagnosis.

**One true item qualifies for severe risk.

_____ Code risk(s) for re-offending: (I) Low Risk, (II) Moderate Risk, (III) High Risk, (IV) Severe Risk

_____ Code appropriateness of treatment(s) placement: (A) Educational Counseling, (B) Outpatient Intervention, (C) Day Treatment, (D) Residential Treatment, (E) Secure Unit Treatment

APPENDIX B

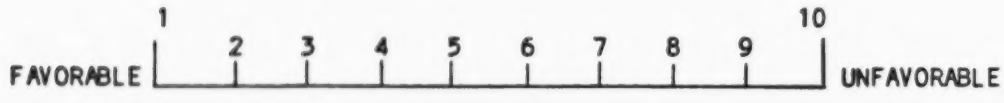
INTERVENTION PROGNOSIS

ADOLESCENT_____D.O.B._____DATE_____

	POINTS	YES	NO	
	4			Prior residential treatment placement
	3			More than two foster home placements
	4			Home not a visiting or after-care resource
✓ ONE ONLY	4			Seriously disruptive behavior at school
	3			Persistent truancy
	4			Poor peer relationships
✓ ONE ONLY	2			Minimal delinquent behavior
	8			Serious or persistent criminal behavior
✓ ONE ONLY	2			Occasional runaway
	6			Serious or chronic runaway
	8			Actively psychotic (Psychiatrically diagnosed)
	3			Does not form close relationships
	4			Unwilling to change
✓ ONE ONLY	4			Belligerent or verbally aggressive
	4			Withdrawn or isolated
	3			Unable to identify problems
	8			Seriously assaultive or dangerous to others
	6			Serious fire setting within past year
	6			Self-destructive (e.g., self-mutilation; places self in dangerous situations)
	7			Suicidal
	5			Physically destructive in living situation
	3			Chronic lying
	7			Serious drug abuse
✓ ONE ONLY	3			Low IQ (below 85)
	6			Mentally retarded (below 70)
	4			Serious physical handicap
	2			Enuretic or encopretic

TOTAL YES POINTS ____

SCORE ____ (Divide total number of points by 4)



PROGNOSIS SCALE

APPENDIX C

C.A.S.O.I.

CLACKAMAS ADOLESCENT SEXUAL OFFENDER INTERVENTION

ACKNOWLEDGEMENT OF NON-CONFIDENTIALITY AND WAIVER

I, _____, have been informed and acknowledge that my rights of confidentiality regarding my treatment at Clackamas Adolescent Sexual Offender Intervention (CASOI) is limited to issues other than possible, probable or actual child abuse, personal harm and/or death. I have also been informed and acknowledge that whatever I tell an interviewer or counselor of CASOI is not privileged or private in areas of possible, probable or actual child abuse, personal harm and/or death. If any such rights of confidentiality, privilege of privacy exists or, subsequent to execution of this waiver, are held to exist by statute or rule of law, I hereby waive any and all such rights.

I understand that sexual assault is a criminal offense with serious consequences to the victim and the community, and I hereby allow CASOI personnel to report to the appropriate authorities, including but not limited to, the Juvenile Court, the State's Attorney's Office, the State Police, probation and parole, local police, and/or Children's Services Division any occurrence or potential of a sexual offense on my part, regardless of how CASOI personnel gain knowledge of such occurrence or potential occurrence. The purpose of my participation in CASOI counseling is to control my sexual assaultiveness in the community, and I wish to be held fully accountable for such behavior.

_____ _____

Date Signature

_____ _____

Date Signature of Witness